

CONTINUING EDUCATION ANNUAL SUMMARY

January 1, 20 through December 31, 20

CE Provider Name :

CE Provider Number: 19-

Date	Class Name (Please Print or Type)	Focus of Education	Hours	Instructor-based	Non-instructor based
TOTAL HOURS					

Program Director's Signature: _____

Date: _____

Please complete this form and submit no later than January 31, the following year to:

County of Los Angeles-Department of Health Services
Emergency Medical Services Agency
Attn: Office of Program Approvals
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA. 90670